

Criminal Case Cover Sheet**U.S. District Court - District of Massachusetts**Place of Offense: _____ Category No. II Investigating Agency DEACity Boston**Related Case Information:**County Suffolk

Superseding Ind./ Inf. _____ Case No. _____

Same Defendant _____ New Defendant _____

Magistrate Judge Case Number 20-MJ-6000-MPK

Search Warrant Case Number _____

R 20/R 40 from District of _____

Defendant Information:Defendant Name FNU LNU Juvenile: ☐ Yes ☒ NoIs this person an attorney and/or a member of any state/federal bar: ☐ Yes ☒ NoAlias Name a/k/a Jose Vega AponteAddress (City & State) Boston, MABirth date (Yr only): _____ SSN (last4#): _____ Sex M Race: _____ Nationality: Dominican

Defense Counsel if known: _____ Address _____

Bar Number _____

U.S. Attorney Information:AUSA Leah Foley Bar Number if applicable _____Interpreter: ☒ Yes ☐ No List language and/or dialect: SpanishVictims: ☐ Yes ☒ No If yes, are there multiple crime victims under 18 USC§3771(d)(2) ☐ Yes ☐ NoMatter to be SEALED: ☒ Yes ☐ No☒ Warrant Requested ☐ Regular Process ☐ In Custody**Location Status:**

Arrest Date _____

☐ Already in Federal Custody as of _____ in _____☐ Already in State Custody at _____ ☐ Serving Sentence ☐ Awaiting Trial☐ On Pretrial Release: Ordered by: _____ on _____Charging Document: ☐ Complaint ☐ Information ☒ IndictmentTotal # of Counts: ☐ Petty _____ ☐ Misdemeanor _____ ☒ Felony 1

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☒ I hereby certify that the case numbers of any prior proceedings before a Magistrate Judge are accurately set forth above.Date: 04/15/2021Signature of AUSA: Leah B. Foley

District Court Case Number (To be filled in by deputy clerk): _____

Name of Defendant FNU LNU, a/k/a Jose Vega Aponte

U.S.C. Citations

	<u>Index Key/Code</u>	<u>Description of Offense Charged</u>	<u>Count Numbers</u>
Set 1	<u>21 USC 846</u>	conspiracy to distribute cocaine and fentanyl	<u>1</u>
		Forefeiture Allegation	
Set 2	<u>21 U.S.C. § 853</u>		
Set 3			
Set 4			
Set 5			
Set 6			
Set 7			
Set 8			
Set 9			
Set 10			
Set 11			
Set 12			
Set 13			
Set 14			
Set 15			

ADDITIONAL INFORMATION: _____